

EXHIBIT C

**MEMBERSHIP APPLICATION**

SEIU Local 503, OPEU PO Box 12159 Salem OR 97309-0159

NAME: STACI TREES DATE OF BIRTH: _____ ETHNICITY: _____
 HOME PHONE: _____ *CELL: _____ HOME EMAIL: _____@com

*By including your mobile number you are authorizing SEIU and its locals and affiliates, using various automated technologies, to call you and get text alerts to you- up to 5 per month. We will never charge you for text message alerts, but carrier message and data rates may apply. Text STOP to 787753 to unsubscribe, and HELP for more info. If you would like to opt out of text messages, please check the box: ☐

RESIDENCE ADDRESS: _____ Bend OR 97701-9639
 (Required) Street City State Zip

MAILING ADDRESS: _____ Bend OR 97701-9639
 (IF DIFFERENT FROM RESIDENCE) Street City State Zip

EMPLOYEE I.D.# PIN: 63092

EMPLOYER / AGENCY: DEPARTMENT OF TRANSPORTATION JOB TITLE: TRANSPORTATION MAINT COORD 2

WORK ADDRESS: 63055 N Highway 97 BEND OR 97701
 Street City State Zip

WORK EMAIL: staci.m.trees@odot.state.or.us WORK PHONE & EXT: 541-383-0121

WORKSITE/DEPARTMENT: ODOT - Bend SHIFT: _____
 START TIME END TIME

HIRE DATE: 10/05/2009 DAYS OFF: _____

I hereby designate SEIU Local 503, OPEU (or any successor Union entity) as my desired collective bargaining agent. I also hereby authorize my employer to deduct from my wages all Union dues and other fees or assessments as shall be certified by SEIU Local 503, OPEU (or any successor Union entity) and to remit those amounts to such Union. This authorization/delegation is unconditional, made in consideration for the cost of representation and other actions in my behalf by the Union and is made irrespective of my membership in the Union. This authorization is irrevocable for a period of one year from the date of execution and from year to year thereafter unless not less than thirty (30) and not more than forty-five (45) days prior to the end of any annual period or the termination of the contract between my employer and the Union, whichever occurs first, I notify the Union and my employer in writing, with my valid signature, of my desire to revoke this authorization. Union dues may be tax deductible as a work related expense subject to Federal and/or State tax rules.

SIGNATURE: _____

DATE: Tue, Mar 22 2016 19:28:16 PM